

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**

JAN 12 2004

DECLARATION FOR PATENT APPLICATION

Docket N . _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PIVOTAL CABLE SUPPORT, the specification of which

(check one) ☐ is attached hereto.
☒ was filed on 10-7-03 as
 Application Serial No. 10/679,811 (if applicable).
 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed
NONE	
(Number) _____ (Country) _____ (Day/Month/Year Filed) _____	Yes No
(Number) _____ (Country) _____ (Day/Month/Year Filed) _____	Yes No
(Number) _____ (Country) _____ (Day/Month/Year Filed) _____	Yes No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60-409,012</u>	<u>9-9-01</u>	<u>ABANDONED</u>
(Application Serial No.)	(Filing Date)	(Status—patented, pending, abandoned)
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status—patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

ROGER A. MARRS REG. NO. 22,194
 Address all telephone calls to ROGER A. MARRS at telephone no. (818) 788-4115
 Address all correspondence to ROGER A. MARRS
15233 VENTURA BLVD
SUITE 1220
SHERMAN OAKS, CA 91403

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Gordon Heck
 Inventor's signature [Signature] Date 1-7-04
 Residence Oxnard, CA 93030 Citizenship U.S.A.
 Post Office Address 350 Hearst Drive
Oxnard, CA 93030 same
 Full name of second joint inventor, if any _____
 Second Inventor's signature _____ Date _____
 Residence _____ Citizenship _____
 Post Office Address _____

(Supply similar information and signature for third and subsequent joint inventors.)